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CONFIRMATION NO. 5143

SERIAL NUMBER 10/802,241	FILING OR 371(c) DATE 03/17/2004 RULE	CLASS 181	GROUP ART UNIT 2837	ATTORNEY DOCKET NO. VSSZ 2 00011
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/455,916 03/19/2003 *FL*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*Name PPO*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 06/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 9	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>TP</i> Initials			

**ADDRESS**

27885

**TITLE**

Interchangeable core muffler

FILING FEE RECEIVED 495	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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